SFHP Housing and Homelessness Incentive Program Application
January 2025

San Francisco Health Plan (SFHP) is participating in the California Department of Health Care Services' Housing and Homelessness Incentive Program (HHIP). Through this program, SFHP is providing grants to expand capacity and partnerships to connect Medi-Cal members to essential housing services and reduce and prevent homelessness. SFHP's investment priorities include:

- Advancing housing equity
- Enhancing street medicine
- Optimizing data sharing and coordination
- Expand housing-related Community Supports capacity
- Enhancing home-based care
- Improving coordination and referrals

Grants generally support initial startup or one-time costs that can be sustained beyond the grant period.

How do I apply for funding?
HHIP applications are accepted on a quarterly basis starting in 2025. To apply for funding, please fill out the information below and submit this application to IPP@sfhp.org. Applications are reviewed and approved by SFHP staff based on established criteria. Applicants can expect to be notified of funding decisions within two months of applying. If you have questions about the HHIP or need assistance with your application, please email IPP@sfhp.org.

Date of Application
1/31/25

Applicant and Organization Information

1. Organization Name
   San Francisco Human Services Agency
2. Mailing Address
   PO Box 7988, San Francisco CA. 94102
3. Name of Executive Director/CEO & Phone Number and Email
   Trent Rhorer, trent.rhorer@sfgov.org, (415) 557-6540
4. Contact Person (if not Executive Director) Name, Title, Phone Number and Email
   Cindy Ward, Homeless Benefits Linkages Manager, 415-203-1388, cindy.ward@sfgov.org
5. Organization Type
   Government Entity
6. TIN: 94-6000417
7. Organization Mission Statement
   At the SF Human Services Agency, we are committed to delivering essential services that support and protect people, families, and communities. We partner with neighborhood organizations and advocate for public policies to improve well-being and economic opportunity for all San Franciscans.
8. Briefly describe your organization's current programs and services.
   SFHSA supports individuals, families, and communities with food, health care, financial, employment, child care, in-home, and protective services and provides the foundation

for two City Departments - the Department of Disability & Aging Services (DAS) and the Department of Benefits and Family Support (BFS) - each with a unique role in supporting San Franciscans. Together we build well-being in our communities by offering programs that make children and adults feel connected, valued, and supported. From financial assistance to nutrition, health care coverage, employment, and protective services, our dedicated professionals are here to lend support to all in need. Each year, SFHSA's 2,400-trained professionals connect more than 225,000 San Franciscans to 60+ essential services. We also fund partnerships with hundreds of community-based providers who share our mission and help extend our reach into the community. SFHSA provides direct services at our nine locations across the City and, in some cases, in people's homes. We continuously assess community needs, design new programs, and advocate for better state and federal policies. With an annual budget of more than $1 billion dollars, we deliver dozens of publicly funded programs and work closely with all levels of government to achieve our mission.

9. Total organizational budget (for the current year)
   $1.2B
10. Network Status – Is your organization currently contracted with SFHP to provide services? Yes, for Enhanced Case Management and Community Support under DAS.
11. Has your organization applied for or received funding through other CalAIM programs or related initiatives such as PATH, HCBS spending plan, etc.?
    No
12. Has your organization applied for or received HHIP or IPP funding from other health plans or participating entities?
    - Anthem - No
    - Other – Yes
    - If yes, briefly describe the funding request and how it is not duplicative of this request.

    We received IPP funding from SFHP. It was used to put in a new platform allowing us to receive files from SFHP, track services for clients, and file claims electronically. It is specifically for the populations of focus we are serving and for ECM and CS services for them. These services are not duplicative of this proposal.

Proposal Details

13. Project Title
    Homeless Benefits Access Initiative
14. Amount Requested
    $1,341,388
15. Estimated Total Project Costs
    $1.34M
16. Proposed Start and End Date
    October 2025-October 2029
17. Project Overview: Please describe your proposed project and need for funding, including how the request will help your organization address gaps or expand capacity to connect Medi-Cal members to housing services and/or reduce and prevent homelessness in San Francisco.
    This funding would increase enrollment in SFHSA public benefits (Medi-Cal, CalFresh, County Adult Assistance Program) among people experiencing homelessness. Currently, one-third of homeless clients enrolled in housing navigation services are not active

Medi-Cal members. This is particularly concerning given the expansion of Medi-Cal eligibility. In this project, we will:

- Increase the benefits take up rate among shelter guests by expanding the Multidisciplinary Team (MDT). We will add a 2905 SFHSA Eligibility Worker to assist guests in completing applications for Medi-Cal, CalFresh, and CAAP (County Adult Assistance Program) on an expedited manner. The MDT is a partnership between SFHSH and SFHSA where City staff and CBO partners rotate monthly from shelter to shelter to help people enroll in SFHSA benefits, SSI advocacy, and IHSS; the team also does Coordinated Entry assessments and assists in housing placement. Current capacity only allows the MDT to revisit a shelter once every 18 months. We would use the MDT dashboard data to assess progress toward expansion goals.
- Increase the capacity of shelter case manager to better help their shelter guests obtain and maintain benefits by adding an additional HSA trainer (2913) under our Guidance and Alignment Group who would be dedicated specifically to HSH and their contracted partners. The 2913 would add resources to perform ongoing training and support for shelter and PSH providers by designing a training curriculum specifically for shelter workers; providing group and one-on-one benefits education and processes trainings; and providing technical assistance to 500+ SFHSH contracted shelter staff. Having a resource dedicated exclusively to HSH and their providers will build systems-wide benefits enrollment capacity.

18. What are the overall goals for the project?
    Increasing enrollment in SFHSA benefit programs (Medi-Cal, CalFresh, CAAP) for unhoused clients in SFHSH shelter and navigation centers; training nonprofit staff working with unhoused people to better assist them in obtaining and maintaining benefits through enhanced benefits education. Doing so will enable people experiencing homelessness to access all of the critical services available to Medi-Cal beneficiaries and help stabilize their income as these clients move into housing.
19. Describe how your project aligns with SFHP's HHIP goals and funding strategies. Please select the specific goal your project supports.
    - Advancing housing equity
    - Enhancing street medicine
    - Optimizing data sharing and coordination
    - Expand housing-related Community Supports capacity
    - Enhancing home-based care
    - X Improving coordination and referrals

    This project will improve systems-wide coordination and referrals by bringing the benefits application process--along with other housing and support services - directly - to unhoused people where they are residing vs. requiring applying at a government office; by doing so, we will increase the number of successful approvals and expedite applications with fewer appointments. We will also build systemwide capacity on benefits acquisition and maintenance by training nonprofit staff working with the population to better understand the benefits processes and assist clients if barriers arise.
20. If you are currently contracted or planning to contract with SFHP to be an Enhanced Care Management (ECM) or Community Supports (CS) provider:
    - Please describe how this request will help your organization expand its capacity to provide Community Support, and please indicate for which service(s).

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post- Hospitalization Housing
5. Recuperative Care (Medical Respite)
6. Other, please describe.
7. N/A – This request is not focused on expanding these services.

- If this request will help increase ECM enrollment or capacity, please indicate which CalAIM Populations of Focus you are currently serving or will be served by your organization as a result of this project. Check all that apply.
  1. Individuals experiencing or at risk of homelessness.
  2. Individuals who are at risk for avoidable hospital or emergency department.
  3. Individuals with serious mental health and/or substance use disorder needs.
  4. Individuals living in the community and at risk for long-term care institutionalization.
  5. Adult nursing facility residents transitioning to the community.
  6. Children/youth with complex medical needs.
  7. Adults and youth who are transitioning from incarceration.
  8. Pregnant and postpartum individuals; birth equity population of focus.
  9. N/A - This request is not focused on expanding these services.

21. Describe the population(s) that will be served through this project, including the estimated number of Medi-Cal members expected to be served annually.
    Note this project aims to enroll people experiencing homelessness who are ***not*** currently receiving Medi-Cal onto Medi-Cal and other benefits so most of these columns are not relevant. However, we are providing demographic data on the target population: unhoused individuals residing in city shelters and navigation centers, and formerly unhoused individuals residing in city-funded permanent supportive housing.
    - If the project targets specific populations, provide a detailed demographic breakdown (e.g., race/ethnicity, gender, age, etc.) below.

Population(s) Served (from 2024 Point in Time Count for Sheltered Individuals, total 3969)	Current # of Medi-Cal Members Served	Estimated # of Additional Members Served	Total # of Members to be Served (Current + Additional)
Male: 2497			
Female: 1327			
Transgender: 49			
Nonbinary: 43			
Age 18-34: 1204			
Age 35-54: 1553			
Age 55-64: 506			
Age over 64: 259			
White: 1103			
Black/African American: 982			
Hispanic: 572			

American Indian/Alaska Native/Indigenous: 55			
AI/AN/I and Hispanic: 145			
Multiracial and Hispanic: 144			
Asian, Asian American and Hispanic: 20			

22. Please describe how your project will support/incorporate the following best practices:
    - Housing First, Housing Focused, and Harm Reduction
    - Trauma Informed Care
    - Use of San Francisco's One System (HMIS) and Coordinated Entry System (CES)

    SFHSA's partners at SFHSH and their providers are trained in and practice Housing First and Harm Reduction-based service delivery, and they and SFHSA direct services staff are trained in Trauma Informed Care. The MDT relies on SF's ONE system to identify clients and provides Coordinated Entry services including housing assessments and problem-solving conversations at every MDT event.
23. Describe how this project will support increased housing placements and/or expand housing capacity in San Francisco.
    Given that the project will be connecting clients with both the Coordinated Entry system and Medi-Cal enrollment, we envision that this work will provide a foundation for increased utilization of Housing Community Supports as a result.
24. **Project Objectives and Performance Measurement**
    Use the tables below to describe the project objectives, major activities, and how you will measure success. Please limit the number of objectives to no more than four. Please make sure that your objectives are Specific, Measurable, Achievable, Relevant, and Time-Framed (SMART). Elements to include: By (dates), (applicant) will (what, where, how and for whom) in order to (impact, by how much).

Objective #1:		
Major Activities	**Measurable Outcome**	**Target Completion Date**
Increasing benefits (Medi-Cal, CalFresh, CAAP) enrollment among the target population by 75-100 clients annually with at least a 75% approval rate. Helping existing Medi-Cal beneficiaries maintain coverage. In-person client meetings and application processing at shelters and navigation centers at least once a month	Increased enrollment as measured by applications and application approvals at MDTs and through site specific BenefitsCal portals In person outreach at shelters least once a month	Activities are ongoing for the four years, with annual measurable outcomes data.

Objective #1 Evaluation Methods: How will your outcomes be measured?

Objective #2:		
Major Activities	**Measurable Outcome**	**Target Completion Date**
Training and capacity building for nonprofit providers working with target population, including: Development of training modules (Public Benefits 101, use of BenefitsCal application portal) At least one in-person visit to shelter and navigation centers Two group and 4 one-on-one trainings per month	Written training modules Number of in-person site visits Number of group and one-on-one trainings conducted per month	Activities are ongoing for the four years, with annual measurable outcomes data.

Objective #2 Evaluation Methods: How will your outcomes be measured?

Objective #3:		
Major Activities	**Measurable Outcome**	**Target Completion Date**

Objective #3 Evaluation Methods: How will your outcomes be measured?

Objective #4:		
Major Activities	**Measurable Outcome**	**Target Completion Date**

Objective #4 Evaluation Methods: How will your outcomes be measured?

25. Describe how the project will be sustained after the grant period ends.
    The caseload growth brought about by these staff will augment our future CalFresh and Medi-Cal allocations. Generally, State allocations for both programs take caseload size into account. CalFresh recently refreshed its State methodology to not only account for total caseload, but also caseload subpopulation, trying to weight funding for challenging populations like PEH more appropriately. A fully loaded Eligibility Worker would also draw uncapped Federal social services revenue.
26. Please complete the budget template and justification below. For each line item, please identify which project objective it supports.

Line Item	Description	Objective	Total Funding Requested
Personnel			
For each position, specify the percentage of time dedicated to the project (% FTE) and number of months covered by the requested funds	1 FTE 2905 Benefits Eligibility Worker (100%)	Increase benefits enrollment among target population	$640,364
	1 FTE 2913 Program Specialist for Training and Technical Assistance (100%)	Provide training and capacity building for nonprofit staff working with target population, develop training modules	$701,024
Capital expenses	N/A		

Operating expenses	N/A		
Other costs	N/A		
Total Requested Amount			$1,341,388

Budget Justification (200 words)

Annual cost of one FTE 2905 Eligibility Worker is $160,091 x 4 years = $640,364
Annual cost of one FTE 2913 Program Specialist training coordinator is $175,256 x 4 years = $701,024
Total for 4 years = $1,341,388
All requested costs are for direct client and staff assistance
No capital, operating, or administrative costs are requested